

The Impact of Internship on Moral Sensitivity, Reasoning and the Interrelationships among Moral Sensitivity, Reasoning and Distress

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Abstract

The purpose of this study is to examine the impact of an eight-month long internship on Occupational Therapy students' moral sensitivity and reasoning using a pre- and post-test design. In addition, the interrelationships among moral sensitivity, reasoning and distress were also examined. Students' moral sensitivity was measured by the Quick Racial and Ethical Sensitivity Test, moral reasoning was measured by the Defining Issues Test -2 and moral distress was measured by the Moral Distress Scale. Based on the analysis, the internship experience had a non-significant positive effect on students' ethical sensitivity, whereas the effect on ethical reasoning was not as expected. The relationship between moral sensitivity and reasoning was not significant, nor was the relationship between moral reasoning and distress. The relationship between moral sensitivity and distress was positive and moderate.

Keywords: moral sensitivity, moral reasoning, moral distress

Introduction

In recent years, health care professionals have recognized the necessity for more attention to ethics and ethical decision making in the professional curriculum. Consequently, codes of ethics for different professionals are introduced to the curriculum at different time point. However, the ethical issues or dilemmas health care professionals encounter in workplace usually go beyond what the code of ethics prescribed. Therefore, how to best prepare students to deal with the ethical issues arise at work place become a research question many researchers try to answer. Research indicated that experiential learning is high-impact learning for college students. One form of experiential learning is internship. The main purpose of this paper is to examine the impact of internship on occupational therapy students' moral sensitivity, reasoning and the interrelationships among moral sensitivity, reasoning and distress.

Barnitt (1998) examined the ethical dilemmas experienced by occupational therapists in the UK and based on the survey completed by 2,380 occupational therapists, the ethical dilemmas reported by the therapists were primarily concerned with health care ethics, for example, dangerous behavior in patients and unprofessional staff behavior, rather than the more dramatic ethics involving life and death decision making.

Dieruf (2004) conducted a longitudinal study following an OT class for the two year duration of the program. Students were administered a measure of moral development at the beginning of the program and also at the end of the program. Based on the results, the educational programs do not seem to be facilitating moral development of the students. The author made the argument that in order to prepare OT graduate students who can make effective ethical decisions in their workplace, the educational programs must take the responsibility to evaluate students and implementing curricula that will intentionally facilitate moral reasoning of the students. Otherwise, non-adequately prepared OT graduate students could "jeopardize the integrity and the autonomy that the health care professions have worked so hard to achieve" (p. 28).

Geddes, Salvatori and Eva (2008) conducted a similar study to Dieruf 's (2004). Based on the results, the OT students' moral reasoning improved significantly from their entry time to graduation time. However, the authors acknowledged that it is not possible to isolate which aspects of the educational programs may account for the improvement. For example, it could have been the academic studies, the clinical fieldwork, the formal ethics education or the hidden curriculum.

¹ This research was supported in part by Alvernia University Summer 2013 Faculty Excellence Grant.

Penny and You (2011) investigated how students' moral reasoning changes during occupational therapy education. A repeated cross-sectional design was utilized to collect data from students enrolled in a 5-year entry-level professional program. Based on the results, students seemed to prefer moral reasoning based on rules and social order rather than moral reasoning based on abstract ideals.

Moral distress, often defined as the psychological disequilibrium associated with knowing what the morally right course of action is but failing to do so because of institutionalized constraints. Moral distress can also occur as a result of being forced to act in a manner that is in conflict with one's professional values. (Bell & Breslin, 2008). Bell and Breslin (2008) reported that all professionals working within the realities of a complex bureaucratic healthcare system can experience moral distress, which will subsequently challenge job satisfaction and patient care. Moral distress is associated with feeling of frustration, anger and guilt, loss of self-worth, depression, helplessness, powerlessness, compromised integrity, reluctance to return to work and care for the patient and emotional/physical withdrawal from others (Bell & Breslin, 2008).

In 2008, the American Occupational Therapy Association's (AOTA) Ethics Commission distributed a survey to AOTA members to identify major causes of moral distress. Based on the survey results, the strongest responses were the following: reimbursement constraints, conflict with organizational policies, excessive pressure to meet productivity standards, lack of administrative support, questionable or unrealistic clinical decisions by others, patients who decline treatment, decision making regarding patient discharge, excessive pressure to increase billable hours and compromised care due to pressure to decrease cost (Slater & Brandt, 2008). The negative factors (e.g. feeling of anger, frustration) associated with those causes were very similar to what was reported by Bell and Breslin (2008). In addition, Slater and Brandt (2008) pointed out that those who demonstrate increased moral sensitivity may be particularly prone to experiencing moral distress.

Kinsella, Park, Appiagyei, Chang, and Chow (2008) investigated ethical tensions observed by 25 occupational therapy students during their internship. While the majority of the students' experiences were ethical, students expressed moral distress when the realities of clinical practice were not in line with the ethical standards they learned in the program.

Given the complexity of ethical dilemmas encountered in practice and the increasing amount of moral distress experienced by the practitioners, the author wants to investigate: 1) the impact of an eight-month long internship on students' moral sensitivity and reasoning by utilizing a pre- and post-test design; 2) the interrelationships among students' moral sensitivity, reasoning and distress.

Method

Participants

At a catholic liberal arts university in northeast of the U.S., during their fourth year, occupational therapy (OT) master students need to fulfill an internship requirement. The internship starts in January and ends in September. It includes two 12-week sessions and requires 40 hours per work. For the spring semester of 2012, 46 OT master students enrolled in the internship class voluntarily participated in the study.

Measures

The Quick-Racial and Ethical Sensitivity Test (Quick-Rest, Sirin, Rogers-Sirin & Collins, 2010) is designed to assess individuals' abilities to identify ethical violations in various school based scenarios. It consists of two five-minute videotapes illustrating instances of racial intolerance in schools. Basketball Practice is about an African-American student received racist comments from his basketball coach. When the student complained to his guidance counselor about the racist behavior of his basketball coach, his counselor minimized the issue and told him that he needed basketball to get into college even though the student is on the honor roll. Faculty Lounge is about two teachers discussed a new immigrant student's academic and private life in biased ways in front of a new teacher. When the new teacher tried to share her thoughts, she was met with hostility. Each scenario is accompanied by an 18-item survey afterwards. The score range for each survey is 18 to 90. Cronbach's Alpha level for the full 36-item scale was .88.

The Defining Issues Test-2 (DIT-2, Rest & Narvaez, 1998) is a paper-and-pencil measure of the level of moral reasoning development. The test consists of five moral dilemmas that cannot be fairly resolved by applying pre-existing norms, rules or laws. Respondents rate and rank arguments (12 for each dilemma) that they consider important in coming to a decision about what they would do.

The scores reflect the proportion of choices that a person prefers to use each strategy (the PI Index (Personal Interest) describes the proportion of choices that a person selects arguments that appeal to personal interests or loyalty to friends and family, even when doing so compromises the interest of persons outside one's immediate circle of friends, and the MN Index (Maintaining Norms) describes the proportion of choices that a person selects arguments that appeal to the maintenance of law and order, irrespective of whether applying the law to the dilemmas presented results in an injustice. Considered the highest level of moral reasoning and the most widely reported, the P Index (Postconventional), describes the proportion of choices that a person selects arguments that appeal to moral ideas. In addition to the three main indices, there is the N2 Index which takes into account how well a person discriminates among the various arguments and has been shown to be a better indicator of change than the P Index. If the N2 Index score is higher than the P Index score, it indicates that the respondent is better able to discriminate among arguments than to recognize postconventional arguments. The validity of the DIT has been assessed in terms of seven criteria: (1) differentiation of various age and education groups; (2) longitudinal gains; (3) correlation with cognitive capacity measures; (4) Sensitivity to moral education interventions; (5) correlation with prosocial behaviors and professional decision making; (6) correlation with political attitudes and choices and (7) adequate reliability (the Cronbach alpha value is in the upper .70s to low .80s; the test-retest reliability of DIT is stable). Furthermore, DIT shows discriminant validity from verbal ability/general intelligence and from conservative-liberal political attitudes (Rest, Narvaez, Bebeau, &Thoma, 1999).

The Moral Distress Scale (MDS, Hamric, 2010) is a measure of the level of moral distress one experiences in work place. It consists of 21 items. For each item, the participants need to rate the statement on frequency and level of disturbance respectively on 0-4 scale. For each item, the score is a product of the two categories (frequency and level of disturbance), therefore, the total score for the measure is 0-336. The Crobach Alpha for the measure is .88.

Procedure

During the first week of class in spring semester 2012, participants were recruited. After the students turned in a signed copy of the consent form, they were showed the Basketball Practice Scenario. Afterwards, the students completed the 18-item survey accompanying the scenario. When the students were done with the survey, they filled out DIT-2. During the first week of class in fall semester 2012, post-test data were collected. The students were showed the Faculty Lounge Scenario. Afterwards, the students completed the 18-item survey accompanying the scenario. When the students were done with the survey, they filled out DIT-2 and MDS.

Results

The mean and standard deviation of the participants' Quick-REST, DIT-2 and MDS scores were reported in table 1. A paired t-test was calculated comparing the Quick-REST scores of participants at pre- and post-tests. No significant effect was found. A paired t-test was calculated comparing the DIT-2 scores of participants at pre-and post-tests. No significant effect was found on PI scores, MN scores, P scores and N2 scores.

Correlation coefficient among the Post Quick-REST, Post DIT-2 N2 and MDS scores were reported in Table 2. As showed, the correlation between Post Quick-REST and Post DIT-2 N2, between Post DIT-2 N2 and MDS were virtually zero. The correlation between Post Quick-Rest and MDS was .40.

Discussion

The general purpose of this study is to explore the impact of internship on OT master students' moral sensitivity, reasoning and the interrelationships among moral sensitivity, reasoning and distress. Based upon the findings from the analysis, it appears that the internship has no significant effect on moral sensitivity and reasoning. For the Quick-REST scores, the maximum is 90. The participants' average pre-score was over 70. Despite the relatively high pre-score, the average increased at the post-test, which means that the internship experiences seemed to have a non-significant positive impact on participants' moral sensitivity development. The effect of internship on moral reasoning was not as expected. Specifically, the Personal Interest Score decreased from the pre-test to the post-test, however, it didn't reach statistical significance level. For the Maintaining Norms score, it increased from the pre-test to the post-test. Maybe the students gradually come to realize the importance of ethical codes of the profession. However, for the most frequently reported score in the literature, Post-conventional scores decreased from the pre-test to the post-test. For N2 scores, it virtually stayed the same.

When the interrelationships among moral sensitivity, reasoning and distress were investigated, the relationship between moral sensitivity and reasoning is near zero, which supported Rest (1982)'s notion that moral sensitivity and reasoning are two independent component of morality and competence in one area does not necessarily predict competence in another area. The relationship between moral sensitivity and distress is moderate, supporting Slater and Brandt's (2008) view that those who demonstrate increased moral sensitivity may be particularly prone to experiencing moral distress. For any kind of human service professionals, there is no doubt that ethics is vital to students' professional development. Educators have a responsibility to foster the moral development of the students and the formal internship experience is an ideal mechanism through which this development can occur. Examination of the internship experiences from a developmental perspective has the potential to significantly inform curricula design, thus leads to improve practice.

Table 1 Mean and Standard Deviation of the Participants' Quick-REST, DIT-2 and MDS Scores

Variables	Mean	SD
Quick-REST Pre-Test*	71.77	8.29
Quick-REST Post-Test*	73.40	7.54
DIT PI Pre-Test **	27.28	12.28
DIT PI Post-Test **	23.00	11.73
DIT MN Pre-Test **	31.78	14.33
DIT MN Post-Test **	37.35	13.89
DIT P Pre-Test **	35.67	17.35
DIT P Post-Test **	32.94	14.9
DIT N2 Pre-Test **	31.50	16.42
DIT N2 Post-Test **	30.88	14.84
MDS***	46.36	51.95

*N=30

** N=22

***N=36

Table 2 Correlation Coefficient among Students' Post Quick-REST, Post DIT-2 N2 score and MDS Scores

Variables	1	2	3
1. Post Quick-REST		.01	.40
2. Post DIT-2 N2			-.05
3. MDS			

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